

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Edward Durell Benjamin, et al. : Art Unit: 3745
Serial No.: 10/699,060 : Examiner: Verdier, Christopher M.
Filed: October 31, 2003 :
For: METHODS AND APPARATUS :
FOR COOLING GAS TURBINE :
ENGINE ROTOR ASSEMBLIES :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 1. Transmittal with One Month Extension of Time (3 pages)
 2. Request for Continued Examination (3 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 460.00	\$ 230.00

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third month	\$1,050.00	\$ 525.00
fourth month	\$1,640.00	\$ 820.00
fifth month	\$2,230.00	\$1,115.00
Fee:		\$120

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid
therefor \$_____ is deducted from the total fee due for the total months of
extension now requested.

Extension fee due with this request \$_____

OR

(b) _____ Applicant believes that no extension of term is required. However, this
conditional petition is being made to provide for the possibility that applicant has
inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMDT.	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY
			ADDITIONAL RATE FEE	OR	
TOTAL INDEP.	MINUS	=	x \$25.00 = \$		x \$50.00 = \$
	MINUS	=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$		+ \$360.00 = \$
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$_____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$930.

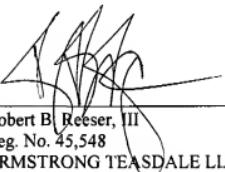
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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